203979

CT CORPORATION SYSTEM

CORPORATION(S) NAME		SECO.	
(1) Ace Beauty		AND THE	
0		一	
		05 23	
		RIDE 09	
		4000040134245 -04/17/0101056013	
		*****35,00 ******35,00	
() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	() Change of RA	
	() Fictitious Name	() ÚCC () CUS	
() Certified Copy	() Photocopies	()003	
() Call When Ready	() Call If Problem	() After 4:30 Port	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name	4/17/01	Order#: 410484FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	
Availability			
Document		Ref#: 22	
Examiner	- ·	IXEITT. US	
Updater			
Verifier		Amount: \$	
W.P. Verifier			

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

@ COULLIETTE APR 17,2001

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation: Ace Beaut	y Co	
2.	The mailing address of the corporation:	301 114 Avenue North, Largo,	Florida 33773
3.	Date of incorporation/qualification: July	3, 1957 Document number:_	203979
4.	The name and address of the current regist	ered agent and office:	TEG IN T
	Robert L. Reid, 7301 114 Avenue Nort	h, Largo, Florida 33773	
5.	The name and address of the new registere (if changed)(P.O. Box NOT acceptable):		2027
	CT Corporation System, 1200 South Pir	<u>ie Island Road, Plantation, Flor</u>	1da 3332427
author	change was authorized by resolution duly adrized by the board. The of an officer, chairman or vice chairman of the board) Philip G. Kaplan, Assistant Secretary (Printed or typed name and title)	4-16-0 (Date)	
corpo I furti perfoi	g been named as registered agent and to ration, I hereby accept the appointment as refer agree to comply with the provisions of mance of my duties, and I am familiar with the agent.	egistered agent and agree to ac all statutes relative to the proj	t in this capacity. per and complete
	AliD	4	-16-01
	(Signature of Registered Agent)		(Date)
	Jonathan Miles	Asst. Secy.	
	(Typed or Printed Name)	(Capac	eity)

FILING FEE: \$35.00